

AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS			FOR COURT USE ONLY	
TRANSCRIPT ORDER					DUE DATE	
<i>Please Read Instructions:</i>						
1. NAME Emily Ardolino		2. PHONE NUMBER (512) 463-2120		3. DATE 7/31/2019		
4. DELIVERY ADDRESS OR EMAIL P. O. Box 12548, Capitol Station		5. CITY Austin		6. STATE TX	7. ZIP CODE 78711	
8. CASE NUMBER 4:16-CV-00591	9. JUDGE Judge Lynn N. Hughes	DATES OF PROCEEDINGS 10. FROM 4/10/2019 11. TO 4/10/2019				
12. CASE NAME Danyal Shaikh v. Texas A&M University College of Medicin					LOCATION OF PROCEEDINGS	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER		
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)	PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcl)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING			Conference		4/10/2019	
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES/ESTIMATE	COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE <i>/s/ Emily Ardolino</i>				PROCESSED BY		
19. DATE 7/31/2019				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY Laura Wells				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	0.00	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED		
				TOTAL DUE	0.00	